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CONFIRMATION NO. 3961

SERIAL NUMBER 10/657,763	FILING OR 371(c) DATE 09/08/2003	CLASS 623	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 9384
RULE				
APPLICANTS Ralph Harrison Lewis, Lakeport, CA, Deceased; Toni Lewis, Lakeport, CA, Legal Representative;				
** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY** ** 12/13/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 5
				INDEPENDENT CLAIMS 1
ADDRESS Bruce H Johnsonbaugh Eckhoff & Hoppe 333 Sacramento Street San Francisco, CA 94111				
TITLE Total knee replacement for dogs				
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	